

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS							10/088910	
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1							51	
2							52	
3							53	
4							54	
5							55	
6							56	
7							57	
8							58	
9							59	
10							60	
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12							62	
13							63	
14							64	
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37							87	
38							88	
39							89	
40							90	
41							01	
42							02	
43							03	
44							04	
45							05	
46							06	
47							07	
48							08	
49							09	
50							100	
TOTAL	IND.	DEP.	IND.	DEP.	IND.	DEP.	TOTAL	IND.
SUB.							SUB.	
TOTAL	IND.	DEP.	IND.	DEP.	IND.	DEP.	TOTAL	IND.
CLAIMS							CLAIMS	